



Morbidity and Mortality

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INFLUENZA - UNITED STATES

CONTENTS

Eleven States have identified outbreaks of influenza either by virus isolation or by serology; in seven other States investigations of influenza-like disease are currently in progress. Table 1 presents the relevant data for both categories without attempting to estimate the amount of illness recognized at the present time or to give an indication of the relative size and extent of the outbreaks in any single State. In the areas where investigations into the etiology of the influenza-like syndrome are continuing, it is generally true that the outbreaks identified have been somewhat limited and localized.

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Pneumonia-influenza mortality reported from 122 United States cities has not shown a significant continued excursion above the "epidemic threshold" during the present influenza season; for the week ending February 26 this is again within the expected variation for the
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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
 (Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	8th WEEK ENDED		MEDIAN 1961 - 1965	CUMULATIVE, FIRST 8 WEEKS		
	FEBRUARY 26, 1966	FEBRUARY 27, 1965		1966	1965	MEDIAN 1961 - 1965
Aseptic meningitis	46	26	22	227	220	184
Brucellosis	4	2	8	27	28	47
Diphtheria	1	6	6	20	28	43
Encephalitis, primary:						
Arthropod-borne	20	25	---	184	224	---
Post-infectious	17	12	---	118	98	---
Hepatitis, serum	28	704	1,065	165	6,324	8,902
Hepatitis, infectious	764			5,673		72,953
Measles (rubeola)	7,914	9,531	11,396	48,305	61,515	72,953
Poliomyelitis, Total (including unspecified)						
Paralytic	---	---	1	2	2	28
Nonparalytic	---	---	1	1	2	24
Meningococcal infections, Total	144	88	61	689	584	435
Civilian	101	75	---	578	551	---
Military	43	13	---	111	33	---
Rubella (German measles)	1,177	---	---	8,257	---	---
Streptococcal sore throat & Scarlet fever	12,975	11,297	10,787	84,020	86,089	74,790
Tetanus	3	6	---	18	30	---
Tularemia	9	---	---	36	38	---
Typhoid fever	4	7	7	37	53	56
Typhus, tick-borne (Rky. Mt. Spotted fever)	---	---	---	7	6	---
Rabies in Animals	65	114	75	568	773	520

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: Ill. - 1	1	Botulism:	1
Leptospirosis: La. - 1	8	Trichinosis: N.Y.C. - 1, Ohio - 1	18
Malaria: Ill. - 1	42	Rabies in Man:	---
Psittacosis: Ill. - 1	8	Rubella, Congenital Syndrome:	2
Typhus, murine:	1		

INFLUENZA - UNITED STATES

(Continued from front page)

United States as a whole. During the current week, only in the Pacific Division is there evidence of mortality above the threshold. The increased numbers of deaths accounting for the total in the Pacific Division are primarily those reported from California and are particularly from cities in the northern portion of the State (Figures 1 and 2 on pages 63 and 64).

(Reported by the Influenza-Respiratory Disease Unit, CDC.)

Table 1
United States Influenza Survey
1965 - 66 (through February)

State	First Recognized	Laboratory confirmation	
		Isolation	Serology
Confirmed outbreaks			
Florida	Nov. 1965	B	B
Georgia	Dec. 1965	B	B
Massachusetts	Jan. 1966	B	B
Connecticut	Jan. 1966	...	B
Rhode Island	Jan. 1966	...	B
Vermont	Jan. 1966	B	B
Alabama	Jan. 1966	...	B
California	Jan. 1966	A2	A
Washington	Feb. 1966	B	B
Alaska	Feb. 1966	B	...
New Jersey	Feb. 1966	B	...
Influenza-like illnesses (Localized)			
Maine	Feb. 1966		
New Hampshire	Feb. 1966		
New York	Feb. 1966		
Virginia	Feb. 1966		
North Carolina	Feb. 1966		
Texas	Feb. 1966		
Idaho	Feb. 1966		

... Laboratory results not yet available.

Alaska

School absenteeism up to 20 percent, attributed to febrile respiratory illness, has been observed in elementary and junior high schools in the Anchorage area, beginning in early February. The characteristic clinical syndrome has been mild, although fever, headache, and relatively severe sore throat have been frequently encountered. Six strains of type B influenza virus have been recovered from typical cases and recently identified in the Arctic Health Research Center in Anchorage by hemagglutination-inhibition procedures employing B/Singapore/3/64 anti-serum.

Recent evidence of increased amounts of an influenza-like disease has likewise been reported from the Sitka area where efforts to identify the etiological agent are underway.

(Reported by Dr. Thomas McGowan, Director, and Dr. Ralph Williams, Director of Laboratories, Alaska State Department of Health, Juneau, and a team from the Epidemiology Section, Arctic Health Research Center, Anchorage.)

Idaho

An acute influenza-like illness has been reported in three Idaho counties. This disease is characterized by fever, sore throat, cough, myalgia, headache and occasional nausea and vomiting. The duration is usually 3 to 5 days with no response to antibiotic therapy.

The outbreak is believed to date from the arrival in Blaine County on January 25, 1966, of a vacation group from southern California. Some members of a skiing party in this group became ill after arrival. The outbreak became apparent about February 11 among Wood River High School students, with absenteeism reaching 30 percent. Most of these students ski, and some cases occurred prior to the recognized outbreak. Grade schools in Bellevue, Hailey, Ketchum and Carey had absenteeism of up to 25 percent.

Illness began to occur during the week of February 13 in Twin Falls and Lincoln Counties. School absenteeism varied between 10 and 30 percent in these counties.

Specimens for virus isolation have been obtained and are being processed in the State Laboratory.

(Reported by Dr. John A. Mather, Director, Preventive Medicine Division, Idaho Department of Health, Boise.)

New Jersey

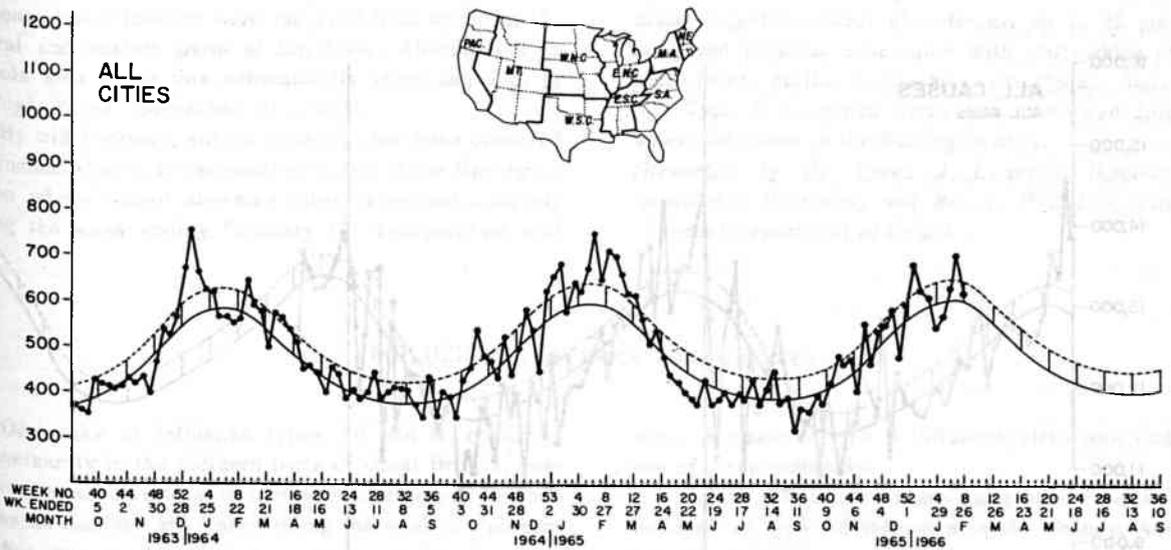
Outbreaks of mild, febrile respiratory disease have been reported from several different areas of New Jersey since mid-February. The illness has occurred primarily among school children, both in elementary and high schools, with absenteeism in affected schools generally ranging from 15 to 20 percent. In one school, a peak absentee rate of 39 percent was recorded.

Type B influenza virus has recently been recovered from cases in a school-centered outbreak in Warren County, New Jersey.

(Reported by Dr. W.J. Dougherty, Director, Division of Preventable Diseases, and Dr. Martin Goldfield, Director of Laboratories, New Jersey State Department of Health.)

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FIGURE 1
PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES



NUMBER OF DEATHS

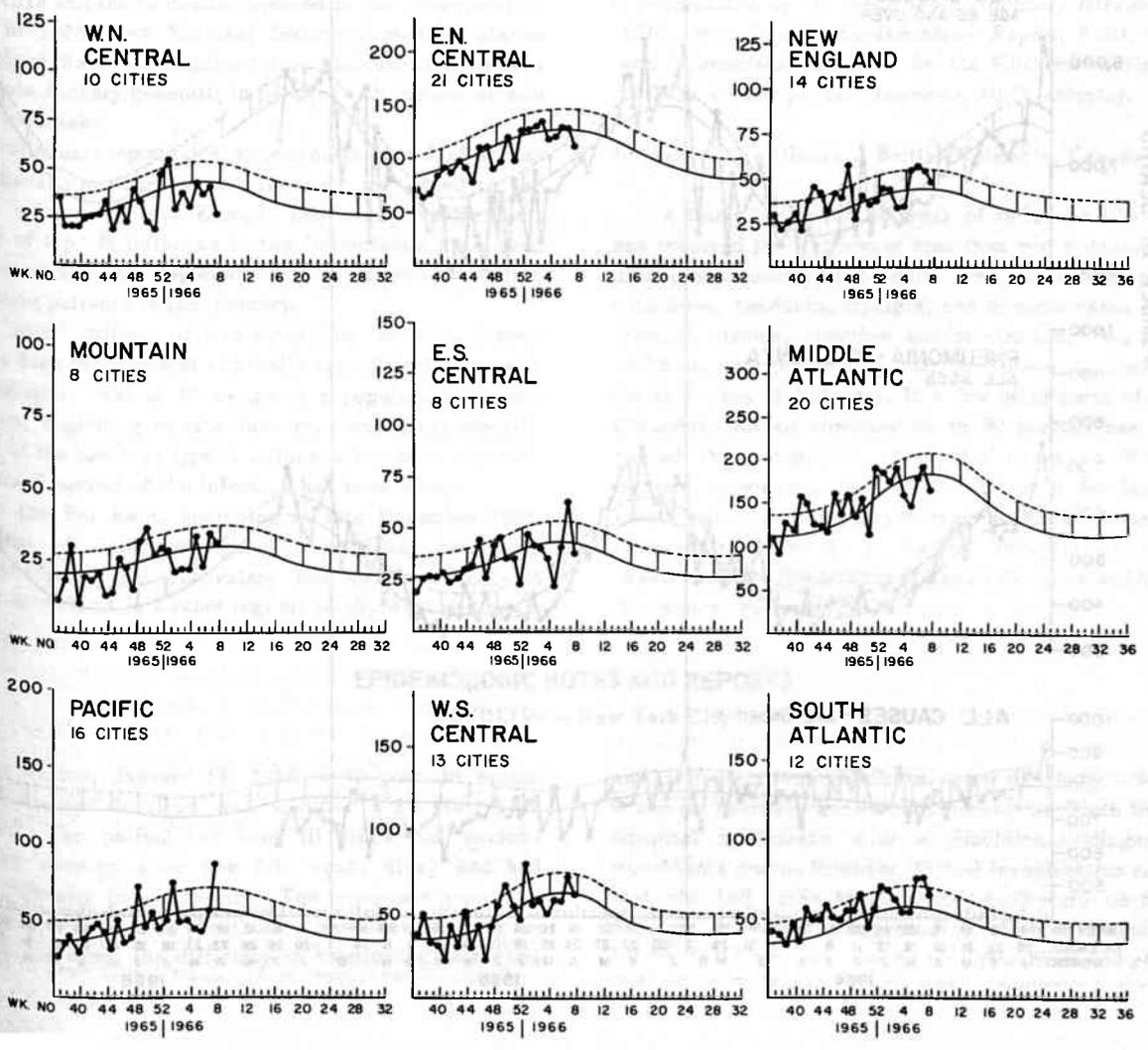
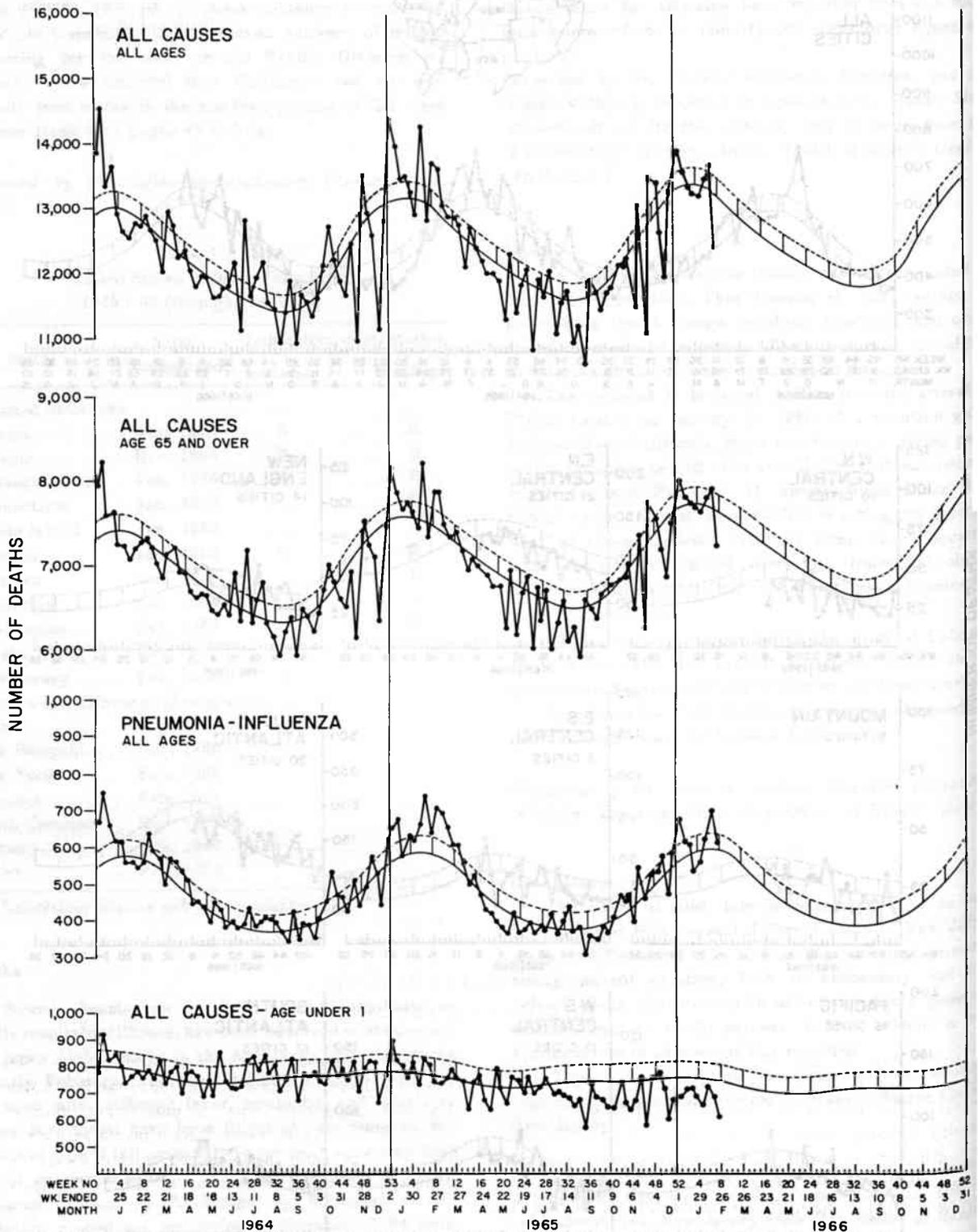


FIGURE 2
MORTALITY IN 122 UNITED STATES CITIES



INFLUENZA - UNITED STATES

(Continued from page 62)

Vermont

In late January and early February, reports of influenza-like illnesses were received from towns in the central and eastern parts of the State. Absenteeism in schools near Barre was substantially increased and, in one high school, approached 30 percent.

By mid-February, similar illnesses had been observed in Windham County to the southwest and in the Burlington region where school absentee rates increased suddenly during the week ending February 12. Teachers as well

as students were affected in some of the Burlington area schools. Franklin County, in the northwest corner of the State, reported school absenteeism up to 25 percent in scattered regions, associated with the sudden onset of high fever, chills, headache, sore throat, and coryza.

Type B influenza virus was recovered from characteristic cases in the Burlington area.

(Reported by Dr. Linus J. Leavens, Director, Communicable Diseases, and Mr. R. Pelletier, Virologist, Vermont Department of Health.)

INFLUENZA - INTERNATIONAL NOTES

Outbreaks of influenza types A2 and B, occurring predominantly in the northern parts of Great Britain, continue to be associated with increased mortality. Influenza deaths for England and Wales during the week of February 19 show 333 deaths in contrast to the previous week's total of 319 and the 16 deaths reported in the corresponding week of 1965. New National Insurance medical claims in England, Wales and Scotland have also shown increases since late January generally in parallel with the occurrence of the outbreaks.

Preliminary reports of scattered outbreaks of influenza-like disease in France and Germany are added to the recent information from Europe. Previously notified outbreaks of type B influenza in the Netherlands have been supplemented by the reported isolation of type A2 strains from some patients in that country.

A small military unit in Stockholm, Sweden, experienced a high incidence of clinically typical influenza with a cumulative total of 70 cases in a population of some 100 men, beginning in late January. Serological identification of the agent as type A influenza has been reported. No general spread of the infection has been noted.

In the Far East, beginning in late December 1965, outbreaks of respiratory illnesses in Japan have been reported in several elementary and middle schools in Tokyo as well as in 5 other regions to the West and south-

west. A strain of type B influenza virus was isolated in one of these outbreaks.

Health officials in Hong Kong have reported a mild outbreak of type A2 influenza in the Colony. Additional investigation is underway.

(Consolidated by the Influenza-Respiratory Disease Unit, CDC, from Weekly Epidemiology Report, WHO, Geneva and information submitted by the WHO International Influenza Center for the Americas, CDC, Atlanta.)

Influenza-Like Illness - British Columbia, Canada

A fairly extensive outbreak of influenza-like illness has involved the Vancouver area from mid-February. Children predominantly, but adults also, have been affected with fever, headache, myalgia, and in some cases nausea, stomach cramps, vomiting and prostration. Two teenage children, who presumably had this disease, died during the last week of February. In a few other parts of British Columbia, school absenteeism to 20 percent has accompanied the recognition of similar illnesses. Numerous clinical specimens have been collected for laboratory identification although as yet no agents have been isolated.

(Reported by Dr. A. A. Larsen, Director, Division of Epidemiology, Department of Health Services and Hospital Insurance, Victoria, B.C.)

EPIDEMIOLOGIC NOTES AND REPORTS

BOTULISM - New York City

On Friday, January 14, 1966, a 68-year-old woman with suspected botulism was admitted to a New York Hospital. The patient had been ill since the previous Tuesday morning when she felt weak, dizzy and had some difficulty in swallowing. The symptoms persisted throughout the day. On Wednesday she had difficulty in opening her eyes; the difficulty in swallowing increased

and she also began to have some dysphonia. She was worse on Thursday and was admitted to the Booth Memorial Hospital in Queens with a provisional diagnosis of myasthenia gravis. However, further investigation revealed that she had eaten home-canned mushrooms on Sunday, January 9, which suggested a clinical diagnosis of

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BOTULISM — New York City

(Continued from page 65)

botulism. Accordingly she was moved to a New York Hospital where facilities were better for the management of respiratory muscle failure.

On admission to the New York Hospital she was noted to have complete bilateral ptosis. There was severe involvement of the extraocular muscles but the pupils were normal in size and reacted to light and accommodation. The tendon reflexes were normal although there was a general weakness of the voluntary muscles, most marked in the neck and facial muscles. The patient was mentally clear and fairly cooperative. There was dryness of the mouth and throat; examination of the chest revealed minimal rales at both lung bases. Lumbar puncture, ECG and other routine laboratory tests were negative.

She was given 10,000 units of botulism antitoxin (Type A and B) on the afternoon of January 14, and, in view of the history of eating home-canned mushrooms, polyvalent antiserum of types A, B and E was given in a dose of 40 ml at 11 p.m. that night. A further dose of the polyvalent antiserum was given the following morning.

A response to botulinum antitoxin was not apparent; there was no objective improvement for 3 to 4 days. On Monday, January 17, the patient developed pneumonia which responded well to antibiotic treatment. On Tuesday, January 18, there was improvement in muscular function with less ptosis and some clarity of speech. Tracheostomy was not required and the patient has made a good recovery.

Investigation revealed that the patient, who is a widow and lives alone, had purchased some mushrooms in a local store in October 1964. These had been washed, cut into small pieces and put into 12 glass jars with a

small amount of water and salt. The jars were then loosely capped and cooked in a double pressure cooker for 45 minutes, after which the jar tops were secured. The jars of canned mushrooms were then stored in a dark basement at room temperature. The first jar was opened on Sunday, January 9, 1966.

The patient gave a history of tasting a piece of mushroom when she first opened the jar which she said tasted "funny." The mushrooms were then washed, pan fried and added to a stew. She was the only one to eat this meal and no other home-canned items were eaten during the 3 days before she became ill.

The jar of mushrooms used for the meal and its remaining contents had been discarded. However, the 11 other jars of the batch of home-canned mushrooms were examined. The contents of two of the jars were foul-smelling and cultures of the juice from these jars gave isolates identified as *Clostridium botulinum*, type B. Fluid from each of the 11 jars was injected into mice; that from one jar proved fatal to three out of three mice injected. Thereafter mice protected with botulinum antitoxin type B survived intraperitoneal injection of this juice while unprotected mice in a control group died after a similar injection. The patient's serum, obtained before the administration of antisera, was not toxic to mice.

(Reported by Dr. Julia Freitag, Acting Director, Epidemiology Division, State Department of Health, New York; Dr. Tibor Fodor, Bureau of Preventable Diseases, New York City Health Department; Shigella Surveillance Unit and Investigations Section, Epidemiology Branch, CDC.)

MENINGOCOCCAL INFECTION — U.S.

During the week ending February 26, 1966, 144 cases of meningococcal infection were reported through State and local health departments to the Communicable Disease Center. Forty-three of these cases occurred in military personnel, which is the highest weekly total so far this year. In the United States as a whole, 16 percent of the reported cases of meningococcal infection have been in military personnel; 90 percent of these have been reported from eight States (Table 2). In six of the eight States listed, meningococcal infection in military personnel has accounted for 40 to 60 percent of the total cases reported. In California, however, only 7.2 percent of the cases reported in 1966 have been among the military.

Table 2
Military-Associated Meningococcal Infections
U.S., First Eight Weeks, 1966

	Total	Military	Percent Military
U. S.	689	111	16.1
New Jersey	28	13	46.4
Missouri	15	8	53.3
South Carolina	24	11	45.8
Georgia	15	6	40.0
Kentucky	39	24	61.5
Louisiana	33	15	45.5
Texas	56	17	30.4
California	83	6	7.2

Total of military cases from 8 States = 100 (90%).

MEASLES - Leslie County, Kentucky

During the first 9 months of 1965, there were 34 cases of measles reported from Leslie County, which has a population of 18,000 and is situated in mountainous southeastern Kentucky. Due to two subsequent outbreaks in the last quarter of the year, the provisional total for the whole of 1965 is now 89.

A measles immunization campaign was begun on November 8, 1965, organized jointly by the Leslie County Health Department, the Frontier Nursing Service and U.S. Peace Corps Trainees. A total of 695 doses of vaccine was given to children aged 1 year to 8 years who had no history of either measles or vaccination against it. This covered an estimated 80 percent of the children susceptible to measles in the County.

This immunization campaign was preceded by a 3-weeks intensive house-to-house visiting in certain

school districts of the County. During this house visiting an outbreak of measles was uncovered in one rural school district and investigation showed that there had been 36 cases of measles between October 15 and November 8. The probable source of this outbreak was the exposure of two school-aged children, who later developed measles, in a neighboring county. After the outbreak in October and November, no further cases were reported in Leslie County until December 25, when a further 18 cases were notified from a distant area not covered by the house-to-house campaign and where no mass immunization was done. In the campaign area, however, only one case was reported during December.

No more vaccine is being given at this time in an effort to determine how far the transmission of measles

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SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS
JANUARY 1966 AND JANUARY 1965

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas January 1966 and January 1965 - Provisional Data

Reporting Area	January		Cumulative January		Reporting Area	January		Cumulative January	
	1966	1965	1966	1965		1966	1965	1966	1965
NEW ENGLAND.....	48	39	48	39	EAST SOUTH CENTRAL.....	185	223	185	223
Maine.....	-	-	-	-	Kentucky.....	11	8	11	8
New Hampshire.....	-	1	-	1	Tennessee.....	31	57	31	57
Vermont.....	-	-	-	-	Alabama.....	99	114	99	114
Massachusetts.....	32	21	32	21	Mississippi.....	44	44	44	44
Rhode Island.....	3	2	3	2	WEST SOUTH CENTRAL.....	240	191	240	191
Connecticut.....	13	15	13	15	Arkansas.....	18	12	18	12
MIDDLE ATLANTIC.....	343	394	343	394	Louisiana.....	55	63	55	63
Upstate New York.....	35	31	35	31	Oklahoma.....	19	14	19	14
New York City.....	205	252	205	252	Texas.....	148	102	148	102
Pa. (Excl. Phila.).....	27	16	27	16	MOUNTAIN.....	39	44	39	44
Philadelphia.....	20	12	20	12	Montana.....	3	1	3	1
New Jersey.....	56	83	56	83	Idaho.....	-	1	-	1
EAST NORTH CENTRAL.....	241	227	241	227	Wyoming.....	-	-	-	-
Ohio.....	48	39	48	39	Colorado.....	7	2	7	2
Indiana.....	6	3	6	3	New Mexico.....	7	9	7	9
Downstate Illinois.....	21	20	21	20	Arizona.....	21	20	21	20
Chicago.....	76	87	76	87	Utah.....	1	6	1	6
Michigan.....	77	74	77	74	Nevada.....	-	5	-	5
Wisconsin.....	13	4	13	4	PACIFIC.....	188	172	188	172
WEST NORTH CENTRAL.....	53	40	53	40	Washington.....	7	9	7	9
Minnesota.....	2	7	2	7	Oregon.....	2	4	2	4
Iowa.....	6	4	6	4	California.....	177	157	177	157
Missouri.....	31	18	31	18	Alaska.....	1	1	1	1
North Dakota.....	1	-	1	-	Hawaii.....	1	1	1	1
South Dakota.....	2	4	2	4	U. S. TOTAL.....	1,853	1,897	1,853	1,897
Nebraska.....	6	5	6	5	TERRITORIES.....	84	63	84	63
Kansas.....	5	2	5	2	Puerto Rico.....	82	62	82	62
SOUTH ATLANTIC.....	516	567	516	567	Virgin Islands.....	2	1	2	1
Delaware.....	3	5	3	5	Note: Cumulative Totals include revised and delayed reports through previous months.				
Maryland.....	35	37	35	37					
District of Columbia.....	46	44	46	44					
Virginia.....	18	37	18	37					
West Virginia.....	9	4	9	4					
North Carolina.....	79	65	79	65					
South Carolina.....	87	77	87	77					
Georgia.....	82	95	82	95					
Florida.....	157	203	157	203					

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

FEBRUARY 26, 1966 AND FEBRUARY 27, 1965 (8th WEEK) - Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			POLIOMYELITIS				RUBELLA	
	1966	Cumulative		1966	Cumulative		Total		Paralytic			1966
		1966	1965		1966	1965	1966	1965	1966	Cumulative 1966		
UNITED STATES...	7,914	48,305	61,515	144	689	584	-	-	-	1	1,177	
NEW ENGLAND.....	52	567	14,173	4	40	34	-	-	-	-	65	
Maine.....	6	60	1,469	-	3	6	-	-	-	-	9	
New Hampshire.....	-	8	225	-	7	1	-	-	-	-	-	
Vermont.....	7	144	119	-	1	-	-	-	-	-	2	
Massachusetts.....	6	199	8,239	2	16	14	-	-	-	-	13	
Rhode Island.....	1	34	1,777	-	2	4	-	-	-	-	1	
Connecticut.....	32	122	2,344	2	11	9	-	-	-	-	40	
MIDDLE ATLANTIC.....	924	7,023	2,254	8	87	85	-	-	-	-	57	
New York City.....	482	3,494	246	-	16	13	-	-	-	-	36	
New York, Up-State.....	59	720	793	2	17	20	-	-	-	-	21	
New Jersey.....	113	686	379	2	28	33	-	-	-	-	-	
Pennsylvania.....	270	2,123	836	4	26	19	-	-	-	-	-	
EAST NORTH CENTRAL...	3,131	19,814	10,903	20	108	72	-	-	-	-	435	
Ohio.....	159	1,030	2,280	5	32	21	-	-	-	-	37	
Indiana.....	223	1,089	451	1	11	8	-	-	-	-	54	
Illinois.....	747	4,604	320	5	23	17	-	-	-	-	87	
Michigan.....	439	2,960	5,749	7	31	16	-	-	-	-	64	
Wisconsin.....	1,563	10,131	2,103	2	11	10	-	-	-	-	193	
WEST NORTH CENTRAL...	372	2,007	4,954	11	38	25	-	-	-	-	68	
Minnesota.....	103	721	123	2	8	4	-	-	-	-	5	
Iowa.....	149	693	2,789	-	4	-	-	-	-	-	52	
Missouri.....	32	136	585	5	15	14	-	-	-	-	3	
North Dakota.....	86	438	1,316	2	2	3	-	-	-	-	8	
South Dakota.....	-	2	25	-	1	1	-	-	-	-	-	
Nebraska.....	2	17	116	1	2	-	-	-	-	-	-	
Kansas.....	NN	NN	NN	1	6	3	-	-	-	-	-	
SOUTH ATLANTIC.....	524	3,901	8,589	27	121	120	-	-	-	-	101	
Delaware.....	5	48	122	-	-	2	-	-	-	-	1	
Maryland.....	68	699	277	1	15	6	-	-	-	-	1	
Dist. of Columbia..	18	197	10	-	-	3	-	-	-	-	-	
Virginia.....	47	322	1,150	2	13	17	-	-	-	-	33	
West Virginia.....	137	1,710	6,058	1	5	10	-	-	-	-	37	
North Carolina.....	4	45	118	5	22	22	-	-	-	-	-	
South Carolina.....	28	160	154	8	24	15	-	-	-	-	4	
Georgia.....	57	91	199	8	15	21	-	-	-	-	-	
Florida.....	160	629	501	2	27	24	-	-	-	-	25	
EAST SOUTH CENTRAL...	1,016	5,866	3,209	24	63	28	-	-	-	-	137	
Kentucky.....	409	2,276	267	18	39	8	-	-	-	-	95	
Tennessee.....	370	3,166	2,050	4	14	12	-	-	-	-	39	
Alabama.....	202	293	654	2	7	7	-	-	-	-	3	
Mississippi.....	35	131	238	-	3	1	-	-	-	-	-	
WEST SOUTH CENTRAL...	785	3,581	7,145	30	97	78	-	-	-	1	-	
Arkansas.....	-	37	620	-	5	6	-	-	-	-	-	
Louisiana.....	9	38	17	19	33	30	-	-	-	-	-	
Oklahoma.....	14	47	46	1	3	9	-	-	-	1	-	
Texas.....	762	3,459	6,462	10	56	33	-	-	-	-	-	
MOUNTAIN.....	449	2,140	4,945	7	29	27	-	-	-	-	119	
Montana.....	93	379	1,584	-	2	-	-	-	-	-	4	
Idaho.....	28	306	764	-	-	4	-	-	-	-	8	
Wyoming.....	-	21	126	-	1	1	-	-	-	-	-	
Colorado.....	35	223	698	4	17	7	-	-	-	-	22	
New Mexico.....	27	42	99	2	4	3	-	-	-	-	-	
Arizona.....	245	1,077	136	1	4	6	-	-	-	-	83	
Utah.....	21	88	1,513	-	-	4	-	-	-	-	2	
Nevada.....	-	4	25	-	1	2	-	-	-	-	-	
PACIFIC.....	661	3,406	5,343	13	106	115	-	-	-	-	195	
Washington.....	115	949	1,693	2	8	7	-	-	-	-	93	
Oregon.....	42	286	913	1	5	8	-	-	-	-	34	
California.....	504	2,134	2,142	10	83	99	-	-	-	-	67	
Alaska.....	-	8	56	-	8	1	-	-	-	-	1	
Hawaii.....	-	29	539	-	2	-	-	-	-	-	-	
Puerto Rico.....	66	498	242	-	-	2	-	-	-	-	-	

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

FEBRUARY 26, 1966 AND FEBRUARY 27, 1965 (8th WEEK) - Continued

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
		1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966
UNITED STATES...	12,975	3	18	9	36	4	37	-	7	65	568
NEW ENGLAND.....	1,769	-	2	-	1	-	2	-	-	1	5
Maine.....	279	-	-	-	-	-	-	-	-	-	-
New Hampshire.....	20	-	-	-	-	-	-	-	-	1	1
Vermont.....	47	-	-	-	-	-	-	-	-	-	4
Massachusetts.....	363	-	2	-	1	-	-	-	-	-	-
Rhode Island.....	88	-	-	-	-	-	-	-	-	-	-
Connecticut.....	972	-	-	-	-	-	2	-	-	-	-
MIDDLE ATLANTIC.....	327	-	3	-	-	-	9	-	1	4	51
New York City.....	30	-	3	-	-	-	5	-	-	-	-
New York, Up-State.....	235	-	-	-	-	-	2	-	-	4	49
New Jersey.....	NN	-	-	-	-	-	2	-	-	-	-
Pennsylvania.....	62	-	-	-	-	-	-	-	1	-	2
EAST NORTH CENTRAL...	1,432	-	-	3	11	-	6	-	-	6	61
Ohio.....	150	-	-	-	3	-	3	-	-	-	31
Indiana.....	395	-	-	1	2	-	1	-	-	-	9
Illinois.....	216	-	-	2	5	-	-	-	-	1	4
Michigan.....	394	-	-	-	-	-	1	-	-	2	8
Wisconsin.....	277	-	-	-	1	-	1	-	-	3	9
WEST NORTH CENTRAL...	626	-	1	-	2	-	2	-	1	16	153
Minnesota.....	12	-	-	-	-	-	-	-	-	3	29
Iowa.....	271	-	-	-	-	-	-	-	-	4	30
Missouri.....	15	-	1	-	-	-	1	-	-	8	67
North Dakota.....	244	-	-	-	-	-	-	-	-	-	3
South Dakota.....	15	-	-	-	-	-	-	-	-	1	17
Nebraska.....	4	-	-	-	-	-	-	-	-	-	2
Kansas.....	65	-	-	-	2	-	1	-	1	-	5
SOUTH ATLANTIC.....	1,341	1	4	-	5	-	8	-	5	9	75
Delaware.....	42	-	-	-	-	-	-	-	-	-	-
Maryland.....	215	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia..	5	-	-	-	-	-	-	-	-	-	-
Virginia.....	327	-	-	-	2	-	5	-	1	6	59
West Virginia.....	348	-	-	-	1	-	1	-	-	1	6
North Carolina.....	42	-	-	-	2	-	1	-	3	-	-
South Carolina.....	103	-	1	-	-	-	-	-	-	-	-
Georgia.....	12	-	2	-	-	-	-	-	1	1	7
Florida.....	247	1	1	-	-	-	1	-	-	1	3
EAST SOUTH CENTRAL...	1,691	-	-	2	10	1	3	-	-	17	92
Kentucky.....	255	-	-	-	2	-	-	-	-	2	13
Tennessee.....	1,134	-	-	2	6	1	3	-	-	15	77
Alabama.....	285	-	-	-	2	-	-	-	-	-	2
Mississippi.....	17	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL...	1,537	2	5	3	5	-	1	-	-	8	98
Arkansas.....	2	-	-	3	4	-	-	-	-	-	8
Louisiana.....	1	2	4	-	-	-	-	-	-	1	7
Oklahoma.....	49	-	-	-	-	-	1	-	-	-	7
Texas.....	1,485	-	1	-	1	-	-	-	-	7	76
MOUNTAIN.....	2,551	-	-	1	1	1	3	-	-	-	5
Montana.....	75	-	-	-	-	-	-	-	-	-	1
Idaho.....	120	-	-	-	-	-	-	-	-	-	-
Wyoming.....	12	-	-	-	-	-	-	-	-	-	-
Colorado.....	1,546	-	-	-	-	1	1	-	-	-	-
New Mexico.....	405	-	-	-	-	-	-	-	-	-	-
Arizona.....	165	-	-	-	-	-	1	-	-	-	4
Utah.....	226	-	-	1	1	-	1	-	-	-	-
Nevada.....	2	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	1,701	-	3	-	1	2	3	-	-	4	28
Washington.....	588	-	-	-	-	-	-	-	-	-	-
Oregon.....	53	-	-	-	-	-	-	-	-	-	-
California.....	959	-	3	-	1	2	3	-	-	4	28
Alaska.....	55	-	-	-	-	-	-	-	-	-	-
Hawaii.....	46	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	1	1	1	-	-	1	1	-	-	-	1

Morbidity and Mortality Weekly Report

Week No. **8** **Table 4. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED FEBRUARY 26, 1966**

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	773	468	47	36	SOUTH ATLANTIC:	1,188	622	64	62
Boston, Mass.-----	261	142	18	10	Atlanta, Ga.-----	135	56	10	9
Bridgeport, Conn.*-----	43	26	5	3	Baltimore, Md.-----	232	121	12	14
Cambridge, Mass.-----	37	24	-	1	Charlotte, N. C.-----	60	25	1	3
Fall River, Mass.-----	37	26	1	1	Jacksonville, Fla.-----	86	40	4	6
Hartford, Conn.-----	47	25	-	1	Miami, Fla.-----	72	35	2	4
Lowell, Mass.-----	31	24	-	1	Norfolk, Va.-----	50	29	2	-
Lynn, Mass.-----	21	15	2	1	Richmond, Va.-----	119	67	4	10
New Bedford, Mass.-----	39	33	3	-	Savannah, Ga.-----	24	9	3	1
New Haven, Conn.-----	54	32	-	3	St. Petersburg, Fla.-----	93	82	6	1
Providence, R. I.-----	71	40	5	8	Tampa, Fla.-----	75	43	9	1
Somerville, Mass.-----	10	7	-	-	Washington, D. C.-----	206	96	11	10
Springfield, Mass.-----	46	24	4	1	Wilmington, Del.-----	36	19	-	3
Waterbury, Conn.-----	33	19	1	3					
Worcester, Mass.-----	43	31	8	3	EAST SOUTH CENTRAL:	564	296	38	47
MIDDLE ATLANTIC:	3,381	2,032	165	147	Birmingham, Ala.-----	86	37	2	10
Albany, N. Y.*-----	33	26	1	2	Chattanooga, Tenn.-----	52	19	6	7
Allentown, Pa.-----	31	23	1	-	Knoxville, Tenn.-----	23	12	2	1
Buffalo, N. Y.*-----	152	92	5	7	Louisville, Ky.-----	119	68	6	7
Camden, N. J.-----	51	30	2	1	Memphis, Tenn.-----	110	64	4	7
Elizabeth, N. J.-----	41	24	3	3	Mobile, Ala.-----	47	21	3	5
Erie, Pa.-----	45	27	1	1	Montgomery, Ala.-----	42	23	5	3
Jersey City, N. J.-----	90	53	5	7	Nashville, Tenn.-----	85	52	10	7
Newark, N. J.-----	69	32	8	5	WEST SOUTH CENTRAL:	1,000	551	61	62
New York City, N. Y.-----	1,670	1,008	87	72	Austin, Tex.-----	34	23	5	3
Paterson, N. J.-----	42	18	3	1	Baton Rouge, La.-----	26	12	-	1
Philadelphia, Pa.-----	591	351	13	16	Corpus Christi, Tex.-----	27	17	1	3
Pittsburgh, Pa.-----	188	115	7	8	Dallas, Tex.-----	148	73	8	10
Reading, Pa.-----	58	35	9	2	El Paso, Tex.-----	27	17	4	2
Rochester, N. Y.-----	98	59	6	5	Fort Worth, Tex.-----	66	35	2	4
Schenectady, N. Y.-----	22	14	3	-	Houston, Tex.-----	185	84	12	12
Scranton, Pa.-----	33	21	3	2	Little Rock, Ark.-----	43	22	4	2
Syracuse, N. Y.-----	50	35	3	4	New Orleans, La.-----	157	88	10	5
Trenton, N. J.-----	57	30	2	4	Oklahoma City, Okla.-----	54	32	1	3
Utica, N. Y.-----	29	21	2	2	San Antonio, Tex.-----	112	74	8	7
Yonkers, N. Y.-----	31	18	1	5	Shreveport, La.-----	69	40	5	8
					Tulsa, Okla.-----	52	34	1	2
EAST NORTH CENTRAL:	2,677	1,514	111	151	MOUNTAIN:	478	280	31	25
Akron, Ohio-----	59	35	-	7	Albuquerque, N. Mex.-----	50	19	6	3
Canton, Ohio-----	27	20	2	1	Colorado Springs, Colo.-----	20	17	1	1
Chicago, Ill.-----	829	453	35	41	Denver, Colo.-----	118	68	10	3
Cincinnati, Ohio-----	183	117	7	10	Ogden, Utah-----	20	12	3	2
Cleveland, Ohio-----	195	107	2	18	Phoenix, Ariz.-----	130	85	5	9
Columbus, Ohio-----	135	77	2	9	Pueblo, Colo.-----	28	17	-	-
Dayton, Ohio-----	87	55	5	2	Salt Lake City, Utah-----	49	29	2	2
Detroit, Mich.-----	379	208	20	17	Tucson, Ariz.-----	63	33	4	5
Evansville, Ind.-----	40	27	1	1	PACIFIC:	1,525	1,015	86	47
Flint, Mich.-----	49	27	1	4	Berkeley, Calif.-----	30	23	3	-
Fort Wayne, Ind.-----	51	30	4	2	Fresno, Calif.-----	56	36	9	3
Gary, Ind.-----	49	19	6	6	Glendale, Calif.-----	22	17	2	-
Grand Rapids, Mich.-----	36	21	5	2	Honolulu, Hawaii-----	39	22	-	2
Indianapolis, Ind.-----	145	77	7	14	Long Beach, Calif.-----	87	56	3	3
Madison, Wis.-----	29	16	-	-	Los Angeles, Calif.-----	283	181	14	9
Milwaukee, Wis.-----	131	77	3	10	Oakland, Calif.-----	102	70	8	3
Peoria, Ill.-----	45	25	2	2	Pasadena, Calif.-----	52	32	3	-
Rockford, Ill.-----	32	18	2	1	Portland, Oreg.-----	116	73	-	3
South Bend, Ind.-----	41	25	2	-	Sacramento, Calif.-----	90	64	3	2
Toledo, Ohio-----	82	46	1	3	San Diego, Calif.-----	114	80	6	6
Youngstown, Ohio-----	53	34	4	1	San Francisco, Calif.-----	236	162	13	2
WEST NORTH CENTRAL:	762	436	27	47	San Jose, Calif.-----	57	43	16	3
Des Moines, Iowa-----	49	22	1	4	Seattle, Wash.-----	145	88	5	7
Duluth, Minn.-----	20	10	-	2	Spokane, Wash.-----	55	43	1	1
Kansas City, Kans.-----	32	18	4	4	Tacoma, Wash.-----	41	25	-	3
Kansas City, Mo.-----	121	72	4	8					
Lincoln, Nebr.-----	21	16	-	-	Total	12,348	7,214	630	624
Minneapolis, Minn.-----	100	67	1	4					
Omaha, Nebr.*-----	69	38	2	4					
St. Louis, Mo.-----	232	118	6	13					
St. Paul, Minn.-----	72	49	5	7					
Wichita, Kans.-----	46	26	4	1					

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages -----	106,244
All Causes, Age 65 and over-----	61,523
Pneumonia and Influenza, All Ages-----	5,064
All Causes, Under 1 Year of Age-----	5,515

*Estimate - based on average percent of divisional total.

MEASLES - Leslie County, Kentucky

(Continued from page 67)

can be interrupted without immunizing every susceptible child in a given geographical area. Arrangements for surveillance to this end have been made.

(Reported by Dr. Joseph W. Skaggs, D.V.M., Acting Director, Division of Epidemiology, Kentucky State Department of Health; Mrs. Martha Cornett and Mrs. Elizabeth Newton, Public Health Nurses, Leslie County Health Department, Kentucky; and an EIS Officer.)

QUARANTINE MEASURES

Immunization Information for International Travel 1965-66 edition Public Health Service Publication No. 384

The following change should be made in the list of Yellow Fever Vaccination Centers in Section 6:

Page 76

Delete

City Urbana, Illinois
Center University of Illinois, Health Center
1109 South Lincoln
Telephone 333-2715
Clinic Hours Wednesday, 11 a.m.
Fee Yes

Add

City Urbana, Illinois
Center University of Illinois, Health Center
1109 South Lincoln
Telephone 333-2717
Clinic Hours Wednesday, 11 a.m.
By appointment
Fee Yes

Page 77

Delete

City Kalamazoo, Michigan
Center Kalamazoo County Health Dept. at
Upjohn Co. Industrial Health Dept.
241 West South
Telephone FI 5-3571
Clinic Hours By appointment
Fee No

Add

City Kalamazoo, Michigan
Center Kalamazoo County Health Dept. at
Upjohn Co. Industrial Health Dept.
7171 Portage Road
Telephone FI 5-3571
Clinic Hours By appointment
Fee No

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 18,300, IS PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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CHIEF, EPIDEMIOLOGY BRANCH A. D. LANGMUIR, M.D.
ACTING CHIEF, STATISTICS SECTION IDA L. SHERMAN, M.S.

EDITOR: MMWR D. J. M. MACKENZIE, M.B., F.R.C.P.E.

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THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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